

MAY 21 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16709

1. PLACE OF DEATH

County Jefferson
Township St. Louis
City Keosauqua (No.)

Registration District No. 420
Primary Registration District No. 3022

File No.
Registered No.
St. Ward)

2. FULL NAME

Joseph Litterat
(a) Residence, No. 609 St. Louis St. 1st Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1852
7. AGE YEARS 84 MONTHS 5 DAYS 14 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supply Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. R. Shop
10. Date deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden Germany

13. NAME Ferd. Litterat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Elizabeth Mueller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Wm. Dickinson (ADDRESS) Keosauqua, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE April 6, 1937

19. UNDERTAKER Daniel F. Mahan (ADDRESS) Keosauqua Mo.

20. FILED May 7, 1937 Jeneva Donnell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 2, 1937

I HEREBY CERTIFY, That I attended deceased from January, 1936, to April - 2, 1937

I last saw him alive on March 25, 1937. Death is said to have occurred on the date stated above, at 10:20 m.

The principal cause of death and related causes of importance were as follows:

Partial respiration Date of onset
F. Tuberc. Not known

Other contributory causes of importance:

None 92a

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify Heart

(Signed) J. S. Mahan, M. D.

(Address) Keosauqua, Mo.

